A	ar dan san dan berakan dan dan dan dan San Marian dan dan dan dan dan dan dan dan dan berakan dan dan dan dan dan dan dan dan dan d
PLACE OF BIRTH	ONIA CTATT BOADD OF HEALTH
1. County of ARIZO	ONA STATE BOARD OF HEALTH
District of Vicel BUREAU OF	VITAL STATISTICS State Index No. 16
Town of ORIGINAL CEI	RTIFICATE OF BIRTH County Registrar No.
ot	Local Registrar No.
City of No	St Want
(If birth geodfred in	a hospital or institution, give its NAME instead of street and number)  i if child is not yet named, make
2. Full name of child Whence Suce	supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births.  4. Twin triplet of plural births.	7. Date 3 - 21-,27
8. FATHER	14. MOTHER
Full name Dewry Ira Lang	Full maiden name Minuis Passadon
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If nonresident, give place and state	If nonresident, give place and state
10. Color or race	16. Color or race
44 Secology 11. Age at last birthday 28 (Ye	ars) 4/4 Dande in 17. Are at hot birthday 20 (Yours)
·	
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation Horse 48 4 P
Nature of industry	Nature of industry
No. No. of Allies of Allies	<u> </u>
20. Number of children of this mother (a) Born alive and no (Taken as of time of birth of child herein (b) Born alive but no	w living 21. Were precautions taken against aph-
certified and including this child.) (c) Stillborn	o yes
Refor CERTIFICATE OF ATTEND	NG PHYSICIAN OR MIDWIFE
I hereby certify that I hadenday the birth of this child, who was	(Born alive or stillborn.)
*When there was no attending physician or midwife, then the father, householder, etc. Signature	( X/ S- 7.A
should make this return. A stillborn child >	(Physician or midwife)
is one that neither breathes nor shows other Address Address	ackarlas bie
Siven name added from supplemental report Filed	1) P. N. Sarvyey
Month, day, year.	Local Registrar.
Registrar, Filed	County Registrat.
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e de la companya de l	25 - 32/ 425

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